

MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET  
(FOR USE WITH FORM PTO-875)

SERIAL NO. 09/646734 FILING DATE 29 DEC 2000

APPLICANT(S) *Keyfit*

CLAIMS

AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
IND.	DEP.	IND.	DEP.	IND.	DEP.
1					
2					
3	2				
4	1				
5	1				
6	1				
7	1				
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TOTAL	3				
TOTAL	13				
TOTAL	13				
TOTAL	18				

TOTAL IND.  TOTAL DEP.  TOTAL CLAIMS 